Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B1 Billing

Field Number	Field · ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:
Transa	ction H	Header	Mandatory	Seg	ment I	D:	
101	A1	BIN Number	N	6	9(6)	Required	Mandatory
102	A2	Version/Release Number	A/N	2	X(2)	Required	Mandatory
103	A3	Transaction Code	A/N	2	X(2)	Required	Mandatory
104	A4	Processor Control Number	A/N	10	X(10)	Required	Mandatory
109	A9	Transaction Count	A/N	1	X(1)	Required	Mandatory
202	B2	Service Provider ID Qualit	fier A/N	2	X(2)	Required	Mandatory
201	B1	Service Provider ID	A/N	15	X(15)	Required	Mandatory
401	D1	Date Of Service	N	8	9(8)	Required	Mandatory
110	AK	Software Vendor/Certifica	tion A/N	10	X(10)	Optional	Mandatory

April 2006 HFS Appendix 2 (1)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B1 Billing

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Insuranc	ce Mandato	ory	Segment II): 04	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
302	C2 Cardholder ID	A/N	20 X(20)	Required	Mandatory
312	CC Cardholder First Name	A/N	12 X(12)	Captured	
313	CD Cardholder Last Name	A/N	15 X(15)	Captured	
314	CE Home Plan	A/N	3 X(3)	Captured	
524	FO Plan ID	A/N	8 X(8)	Captured	
309	C9 Eligibility Clarification Code	N	1 9(1)	Captured	
336	8C Facility ID	A/N	10 X(10)	Captured	
301	C1 Group ID	A/N	15 X(15)	Captured	
303	C3 Person Code	A/N	3 X(3)	Captured	
306	C6 Patient Relationship Code	N	1 9(1)	Captured	

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

April 2006 HFS Appendix 2 (2)

State Of Illinois Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B1 Billing

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Patient]	Mandatory	Segment II	D: 01	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
304	C4 Date Of Birth	N	8 9(8)	Required	
333	CZ Employer ID	A/N	15 X(15)	Captured	
334	1C Smoker/Non-Smoker Code	e A/N	1 X(1)	Captured	
335	2C Pregnancy Indicator	A/N	1 X(1)	Captured	

April 2006 HFS Appendix 2 (3)

Illinois Department of Healthcare and Family Services **Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions**

Billing

Field

Field

Number	ID	a Field Name	Format	Size	Pic	HFS	NCPDP Status:
Claim		Mandat	ory	Segn	nent II	D: 07	
111	AM	Segment Identification	A/N	2 2	X(2)	Required	Mandatory
455	EM	Prescription/Service Reference Number Qualifier	A/N	1.2	X(1)	Required	Mandatory
402	D2	Prescription/ Service Reference Number	N	7 9	9(7)	Required	Mandatory
436	E1	Product/Service ID Qualifier	A/N	2 2	X(2)	Required	Mandatory
407	D7	Product/Service ID	A/N	19 2	X(19)	Required	Mandatory
456	EN	Associated Prescription/Service Reference	N	7 9	9(7)	Captured	
457	EP	Associated Prescription/Service Date	N	8 9	9(8)	Captured	
442	E7	Quantity Dispensed	N	10 9	9(7)v999	Required	
403	D3	Fill Number	N	2 9	9(2)	Required	
405	D5	Days Supply	N	3 9	9(3)	Required	
406	D6	Compound Code	N	1 9	9(1)	Required	
408	D8	Dispense As Written (DAW)/ Product Selection Code	A/N	1 2	X(1)	Required	
414 April 2006		Date Prescription Written	N	8 9	9(8)	Required	

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B1 Billing

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:
415	DF	Number of Refills Authorized	N	2	9(2)	Required	
419	DJ	Prescription Origin Code	N	1	9(1)	Required	
420	DK	Submission Clarification Code	N	2	9(2)	Situational	
460	ET	Quantity Prescribed	N	10	9(7)v999	Required	
308	C8	Other Coverage Code	N	2	9(2)	Situational	
429	DT	Unit Dose Indicator	N	1	9(1)	Situational	
453	EJ	Originally Prescribed Product/Service ID Qualifier	A/N	2	X(2)	Situational	
445	EA	Originally Prescribed Product/Service Code	A/N	19	X(19)	Situational	
446	EB	Originally Prescribed Quantity	N	10	9(7)v999	Situational	
418	DI	Level Of Service	N	2	9(2)	Situational	
463	EW	Intermediary Authorization Type ID	N	2	9(2)	Situational	
464	EX	Intermediary Authorization ID	A/N	11	X(11)	Situational	
343	HD	Dispensing Status	A/N	1	X(1)	Situational	
344	HF	Quantity Intended To Be Dispensed	N	10	9(7)V999	Situational	
345	HG	Days Supply Intended To Be Dispensed	N	3	9(3)	Situational	

Valid values are '00' thru '09' inclusive and '99'

For a compound submission the value must be 1.

Valid values '00' thru '08' inclusive.

Valid values are '1' or '2' or '3' or '4'.

Valid value '03'.

April 2006 HFS Appendix 2 (5)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B1 Billing

Field

Field

Number	ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:		
Pricing		Mandator	y	Segi	ment Il	D: 11			
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory		
409	D9	Ingredient Cost Submitted	D	8 :	s9(6)v99	Captured			
412	DC	Dispensing Fee Submitted	D	8 :	s9(6)v99	Captured			
477	BE	Professional Service Fee Submitted	D	8 :	s9(6)v99	Captured			
433	DX	Patient Paid Amount Submitted	D	8 :	s9(6)v99	Captured			
438	E3	Incentive Amount Submitted	D	8 :	s9(6)v99	Situational			
478	H7	Other Amount Claimed Submitted Count	N	1 9	9(1)	Situational		Max Occ 3	
479	Н8	Other Amount Claimed Submitted Qualifier	A/N	2	X(2)	Situational	*Repeating-Field*		
480	Н9	Other Amount Claimed Submitted	D	8 :	s9(6)v99	Situational	*Repeating-Field*		
426	DQ	Usual and Customary Charge	D	8 :	s9(6)v99	Required			Provider usual and customary fee for the item.
430	DU	Gross Amount Due	D	8 :	s9(6)v99	Captured			
423	DN	Basis Of Cost Determination	A/N	2	X(2)	Captured			

April 2006 HFS Appendix 2 (6)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B1 Billing

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Prescribe	er	Mandatory	Segment 1	D: 03	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
466	EZ Prescriber ID Qualifier	A/N	2 X(2)	Required	
411	DB Prescriber ID	A/N	15 X(15)	Required	
427	DR Prescriber Last Name	A/N	15 X(15)	Required	
498	PM Prescriber Phone Number	r N	10 9(10)	Captured	
468	2E Primary Care Provider II Qualifier	O A/N	2 X(2)	Situational	
421	DL Primary Care Provider II	O A/N	15 X(15)	Situational	

April 2006 HFS Appendix 2 (7)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B1 Billing

Number	ID	Field Name	Format	Size	Pic	HFS	NCPDP Status	s:		
COB/Ot	her I	Payments Situati	onal	Segr	ment II): 05				
111	AM	Segment Identification	A/N	2 2	X(2)	Required	Mandatory			
337	4C	Coordination of Benefits/Other Payments Count	N	1 9	9(1)	Required	Mandatory		Max Occ 3	
338	5C	Other Payer Coverage Type	A/N	2 2	X(2)	Required	Mandatory	*Repeating-Field*		Valid values '01' or '02' or '03'.
339	6C	Other Payer ID Qualifier	A/N	2 2	X(2)	Situational		*Repeating-Field*		Valid value is '99'.
340	7C	Other Payer ID	A/N	10 2	X(10)	Situational		*Repeating-Field*		
443	E8	Other Payer Date	N	8 9	9(8)	Situational		*Repeating-Field*		
341	НВ	Other Payer Amount Paid	N	1 9	9(1)	Situational		*Repeating-Field*	Max Occ 1 if payable	
342	НС	Other Payer Amount Paid Qualifier	A/N	2 2	X(2)	Situational		*Repeating-Field-2		
431	DV	Other Payer Amount Paid	D	8 8	s9(6)v99	Situational		*Repeating-Field-2		
471	5E	Other Payer Reject Count	N	2 9	9(2)	Situational		*Repeating-Field*	Max Occ 1 if rejected	
472	6E	Other Payer Reject Code	A/N	3 2	X(3)	Situational		*Repeating-Field-2		

April 2006 HFS Appendix 2 (8)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B1 Billing

Field Number	Field ID	i Field Name	Format	Size	Pic	HFS	NCPDP Status:		
DUR/PF	PS	Situa	tional	Segn	nent l	D: 08			
111	AM	Segment Identification	A/N	2 2	X(2)	Required	Mandatory		
473	7E	DUR/PPS Code Counter	N	1 9	$\Theta(1)$	Situational	;	*Repeating-Field*	MaxOcc 3
439	E4	Reason For Service Code	A/N	2 2	X(2)	Captured	:	*Repeating-Field*	
440	E5	Professional Service Code	A/N	2 2	X(2)	Captured	;	*Repeating-Field*	
441	E6	Result of Service Code	A/N	2 2	X(2)	Captured	;	*Repeating-Field*	
474	8E	DUR/PPS Level Of Effort	N	2 9	9(2)	Captured	;	*Repeating-Field*	
475	J9	DUR Co-Agent ID Qualifier	A/N	2 2	X(2)	Captured	;	*Repeating-Field*	
476	Н6	DUR Co-Agent ID	A/N	19 🛭	X(19)	Captured	:	*Repeating-Field*	

April 2006 HFS Appendix 2 (9)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B1 Billing

Field

Field

Number	ID	Field Name	Format	Size	Pic	HFS	NCPDP Statu	s:		
Compo	und	Situat	ional	Seg	ment II	D: 10				
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory			
450	EF	Compound Dosage Form Description Code	A/N	2	X(2)	Required	Mandatory			
451	EG	Compound Dispensing Unit Form Indicator	N	1	9(1)	Required	Mandatory			
452	EH	Compound Route of Administration	N	2	9(2)	Required	Mandatory			
447	EC	Compound Ingredient Component Count	N	2	9(2)	Required	Mandatory		Max Occ 25	Valid numeric values 2 thru 25 inclusive.
488	RE	Compound Product ID	A/N	2	X(2)	Required	Mandatory	*Repeating-Field*		Valid value is '03'.
489	TE	Compound Product ID	A/N	19	X(19)	Required	Mandatory	*Repeating-Field*		must be 11 position numeric NDC format 5 4 2
448	ED	Compound Ingredient Quantity	N	10	9(7)v999	Required	Mandatory	*Repeating-Field*		
449	EE	Compound Ingredient Drug	D	8	s9(6)v99	Required		*Repeating-Field*		
490	UE	Compound Ingredient Basis of Cost Determination	A/N	2	X(2)	Captured		*Repeating-Field*		

April 2006 HFS Appendix 2 (10)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B1 Billing

Field Number	Field ID		Format	Size	Pic	HFS	NCPDP Status:	
Clinical		Situational	l	Segr	nent II): 13		
111	AM	Segment Identification	A/N	2 2	X(2)	Required	Mandatory	
491	VE	Diagnosis Code Count	N	1 9	9(1)	Situational	Max Occ 2	1
492	WE	Diagnosis Code Qualifier	A/N	2 2	X(2)	Captured	*Repeating-Field*	If sumitted the valid value is '01'.
424	DO	Diagnosis Code	A/N	15 2	X(15)	Captured	*Repeating-Field*	
493	XE	Clinical Information Counter	N	1 9	9(1)	Situational	*Repeating-Field* Max Occ 2	2
494	ZE	Measurement Date	N	8 9	9(8)	Captured	*Repeating-Field*	
495	H1	Measurement Time	N	4 9	9(4)	Captured	*Repeating-Field*	
496	H2	Measurement Dimension	A/N	2 2	X(2)	Captured	*Repeating-Field*	
497	Н3	Measurement Unit	A/N	2 2	X(2)	Captured	*Repeating-Field*	
499	H4	Measurement Value	A/N	15 2	X(15)	Captured	*Repeating-Field*	

April 2006 HFS Appendix 2 (11)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B2 Billing Reversal

Field Number	Field ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:
Transac	tion I	Header	Mandatory	Seg	ment I	D:	
101	A1	BIN Number	N	6	9(6)	Required	Mandatory
102	A2	Version/Release Number	A/N	2	X(2)	Required	Mandatory
103	A3	Transaction Code	A/N	2	X(2)	Required	Mandatory
104	A4	Processor Control Number	r A/N	10	X(10)	Required	Mandatory
109	A9	Transaction Count	A/N	1	X(1)	Required	Mandatory
202	B2	Service Provider ID Quali	fier A/N	2	X(2)	Required	Mandatory
201	B1	Service Provider ID	A/N	15	X(15)	Required	Mandatory
401	D1	Date Of Service	N	8	9(8)	Required	Mandatory
110	AK	Software Vendor/Certifica	ation A/N	10	X(10)	Optional	Mandatory

April 2006 HFS Appendix 2 (12)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B2 Billing Reversal

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Insuran	ce	Mandatory	Segment II	D: 04	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
302	C2 Cardholder ID	A/N	20 X(20)	Required	Mandatory

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

5 byte GCN.

State Of Illinois

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B2 Billing Reversal

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:
Claim		Man	datory	Segi	ment I	D: 07	
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Required	Mandatory
402	D2	Prescription/ Service Reference Number	N	7	9(7)	Required	Mandatory
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Required	Mandatory
407	D7	Product/Service ID	A/N	19	X(19)	Required	Mandatory

April 2006 HFS Appendix 2 (14)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B2 Billing Reversal

Field Number	Field ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:		
DUR/PF	PS	Situation	al	Segi	ment II): 08			
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory		
473	7E	DUR/PPS Code Counter	N	1	9(1)	Situational		*Repeating-Field*	MaxOcc 3
439	E4	Reason For Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
440	E5	Professional Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
441	E6	Result of Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
474	8E	DUR/PPS Level Of Effort	N	2	9(2)	Captured		*Repeating-Field*	
475	J 9	DUR Co-Agent ID Qualifier	A/N	2	X(2)	Captured		*Repeating-Field*	
476	Н6	DUR Co-Agent ID	A/N	19	X(19)	Captured		*Repeating-Field*	

April 2006 HFS Appendix 2 (15)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B3 Billing Rebill

Field Number	Field ID	l Field Name	Format	Size	Pic	HFS	NCPDP Status:
Transac	tion l	Header	Mandatory	Seg	ment I	D:	
101	A1	BIN Number	N	6	9(6)	Required	Mandatory
102	A2	Version/Release Number	A/N	2	X(2)	Required	Mandatory
103	A3	Transaction Code	A/N	2	X(2)	Required	Mandatory
104	A4	Processor Control Number	r A/N	10	X(10)	Required	Mandatory
109	A9	Transaction Count	A/N	1	X(1)	Required	Mandatory
202	B2	Service Provider ID Quali	fier A/N	2	X(2)	Required	Mandatory
201	B1	Service Provider ID	A/N	15	X(15)	Required	Mandatory
401	D1	Date Of Service	N	8	9(8)	Required	Mandatory
110	AK	Software Vendor/Certifica	ation A/N	10	X(10)	Optional	Mandatory

April 2006 HFS Appendix 2 (16)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B3 Billing Rebill

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Insuranc	ce Mandato	ory	Segment II): 04	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
302	C2 Cardholder ID	A/N	20 X(20)	Required	Mandatory
312	CC Cardholder First Name	A/N	12 X(12)	Captured	
313	CD Cardholder Last Name	A/N	15 X(15)	Captured	
314	CE Home Plan	A/N	3 X(3)	Captured	
524	FO Plan ID	A/N	8 X(8)	Captured	
309	C9 Eligibility Clarification Code	N	1 9(1)	Captured	
336	8C Facility ID	A/N	10 X(10)	Captured	
301	C1 Group ID	A/N	15 X(15)	Captured	
303	C3 Person Code	A/N	3 X(3)	Captured	
306	C6 Patient Relationship Code	N	1 9(1)	Captured	

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

April 2006 HFS Appendix 2 (17)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B3 Billing Rebill

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS		NCPDP Status:
Patient		Mand	latory	Seg	ment]	ID:	01	
111	AM	Segment Identification	A/N	2	X(2)	Red	quired	Mandatory
304	C4	Date Of Birth	N	8	9(8)	Rec	quired	
333	CZ	Employer ID	A/N	15	X(15)	Cap	otured	
334	1C	Smoker/Non-Smoker Code	A/N	1	X(1)	Cap	otured	
335	2C	Pregnancy Indicator	A/N	1	X(1)	Cap	otured	
334	1C	Smoker/Non-Smoker Code	A/N	1	X(1)	Car	otured	

April 2006 HFS Appendix 2 (18)

Illinois Department of Healthcare and Family Services **Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions**

Billing Rebill Field

Field

Field Number	Field ID	field Name	Format	Size	Pic	HFS	NCPDP Status:
Claim		Mandato	ory	Segi	ment I	D: 07	
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Required	Mandatory
402	D2	Prescription/ Service Reference Number	N	7	9(7)	Required	Mandatory
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Required	Mandatory
407	D7	Product/Service ID	A/N	19	X(19)	Required	Mandatory
456	EN	Associated Prescription/Service Reference	N	7	9(7)	Captured	
457	EP	Associated Prescription/Service Date	N	8	9(8)	Captured	
442	E7	Quantity Dispensed	N	10	9(7)v999	9 Required	
403	D3	Fill Number	N	2	9(2)	Required	
405	D5	Days Supply	N	3	9(3)	Required	
406	D6	Compound Code	N	1	9(1)	Required	
408	D8	Dispense As Written (DAW)/ Product Selection Code	A/N	1	X(1)	Required	
414 April 2006		Date Prescription Written	N	8	9(8)	Required	

Illinois Department of Healthcare and Family Services **Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions**

Billing Rebill

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:
415	DF	Number of Refills Authorized	N	2	9(2)	Required	
419	DJ	Prescription Origin Code	N	1	9(1)	Required	
420	DK	Submission Clarification Code	N	2	9(2)	Situational	
460	ET	Quantity Prescribed	N	10	9(7)v999	Required	
308	C8	Other Coverage Code	N	2	9(2)	Situational	
429	DT	Unit Dose Indicator	N	1	9(1)	Situational	
453	EJ	Originally Prescribed Product/Service ID Qualifier	A/N	2	X(2)	Situational	
445	EA	Originally Prescribed Product/Service Code	A/N	19	X(19)	Situational	
446	EB	Originally Prescribed Quantity	N	10	9(7)v999	Situational	
418	DI	Level Of Service	N	2	9(2)	Situational	
463	EW	Intermediary Authorization Type ID	N	2	9(2)	Situational	
464	EX	Intermediary Authorization ID	A/N	11	X(11)	Situational	
343	HD	Dispensing Status	A/N	1	X(1)	Situational	
344	HF	Quantity Intended To Be Dispensed	N	10	9(7)V999	Situational	
345	HG	Days Supply Intended To Be Dispensed	N	3	9(3)	Situational	

Valid values are '00' thru '09' inclusive and '99'

For a compound submission the value must be 1.

Valid values '00' thru '08' inclusive.

Valid values are '1' or '2' or '3' or '4'.

Valid value '03'.

Illinois Department of Healthcare and Family Services **Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions**

Billing Rebill Field

Field

Number	ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:		
Pricing		Mandator	y	Segi	ment Il	D: 11			
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory		
409	D9	Ingredient Cost Submitted	D	8 :	s9(6)v99	Captured			
412	DC	Dispensing Fee Submitted	D	8 :	s9(6)v99	Captured			
477	BE	Professional Service Fee Submitted	D	8 :	s9(6)v99	Captured			
433	DX	Patient Paid Amount Submitted	D	8 :	s9(6)v99	Captured			
438	E3	Incentive Amount Submitted	D	8 :	s9(6)v99	Situational			
478	H7	Other Amount Claimed Submitted Count	N	1 9	9(1)	Situational		Max Occ 3	
479	Н8	Other Amount Claimed Submitted Qualifier	A/N	2	X(2)	Situational	*Repeating-Field*		
480	Н9	Other Amount Claimed Submitted	D	8 :	s9(6)v99	Situational	*Repeating-Field*		
426	DQ	Usual and Customary Charge	D	8 :	s9(6)v99	Required			Provider usual and customary fee for the item.
430	DU	Gross Amount Due	D	8 :	s9(6)v99	Captured			
423	DN	Basis Of Cost Determination	A/N	2	X(2)	Captured			

April 2006 HFS Appendix 2 (21)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B3 Billing Rebill

Field Number	Field r ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Prescri	ber	Mandatory	Segment 2	ID: 03	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
466	EZ Prescriber ID Qualifie	r A/N	2 X(2)	Required	
411	DB Prescriber ID	A/N	15 X(15)	Required	
427	DR Prescriber Last Name	A/N	15 X(15)	Required	
498	PM Prescriber Phone Num	ber N	10 9(10)	Captured	
468	2E Primary Care Provider Qualifier	ID A/N	2 X(2)	Situational	
421	DL Primary Care Provide	· ID A/N	15 X(15)	Situational	

April 2006 HFS Appendix 2 (22)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B3 Billing Rebill

Field Number	Field ID	field Name	Format	Size Pic	HFS	NCPDP Status	s:		
COB/Ot	her l	Payments Situ	ıational	Segment I	D: 05				
111	AM	Segment Identification	A/N	2 X(2)	Required	Mandatory			
337	4C	Coordination of Benefits/Othe Payments Count	er N	1 9(1)	Required	Mandatory		Max Occ 3	
338	5C	Other Payer Coverage Type	A/N	2 X(2)	Required	Mandatory	*Repeating-Field*		Valid values '01' or '02' or '03'.
339	6C	Other Payer ID Qualifier	A/N	2 X(2)	Situational		*Repeating-Field*		Valid value is '99'.
340	7C	Other Payer ID	A/N	10 X(10)	Situational		*Repeating-Field*		
443	E8	Other Payer Date	N	8 9(8)	Situational		*Repeating-Field*		
341	НВ	Other Payer Amount Paid	N	1 9(1)	Situational		*Repeating-Field*	Max Occ 1 if payable	
342	HC	Other Payer Amount Paid Qualifier	A/N	2 X(2)	Situational		*Repeating-Field-2		
431	DV	Other Payer Amount Paid	D	8 s9(6)v99	Situational		*Repeating-Field-2		
471	5E	Other Payer Reject Count	N	2 9(2)	Situational		*Repeating-Field*	Max Occ 1 if rejected	
472	6E	Other Payer Reject Code	A/N	3 X(3)	Situational		*Repeating-Field-2		

April 2006 HFS Appendix 2 (23)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B3 Billing Rebill

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:		
DUR/PF	PS	Situation	al	Seg	ment II	O: 08			
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory		
473	7E	DUR/PPS Code Counter	N	1	9(1)	Situational		*Repeating-Field*	MaxOcc 3
439	E4	Reason For Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
440	E5	Professional Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
441	E6	Result of Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
474	8E	DUR/PPS Level Of Effort	N	2	9(2)	Captured		*Repeating-Field*	
475	J9	DUR Co-Agent ID Qualifier	A/N	2	X(2)	Captured		*Repeating-Field*	
476	Н6	DUR Co-Agent ID	A/N	19	X(19)	Captured		*Repeating-Field*	

April 2006 HFS Appendix 2 (24)

Illinois Department of Healthcare and Family Services **Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions**

Billing Rebill Field

Field

Number	ID	Field Name	Format	Size	Pic	HFS	NCPDP Status	s:		
Compou	ınd	Situa	tional	Segn	ment II	D: 10				
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory			
450	EF	Compound Dosage Form Description Code	A/N	2	X(2)	Required	Mandatory			
451	EG	Compound Dispensing Unit Form Indicator	N	1	9(1)	Required	Mandatory			
452	EH	Compound Route of Administration	N	2	9(2)	Required	Mandatory			
447	EC	Compound Ingredient Component Count	N	2	9(2)	Required	Mandatory		Max Occ 25	Valid numeric values 2 thru 25 inclusive.
488	RE	Compound Product ID	A/N	2	X(2)	Required	Mandatory	*Repeating-Field*		Valid value is '03'.
489	TE	Compound Product ID	A/N	19	X(19)	Required	Mandatory	*Repeating-Field*		must be 11 position numeric NDC format 5 4 2
448	ED	Compound Ingredient Quantity	N	10	9(7)v999	Required	Mandatory	*Repeating-Field*		
449	EE	Compound Ingredient Drug	D	8	s9(6)v99	Required		*Repeating-Field*		
490	UE	Compound Ingredient Basis of Cost Determination	A/N	2	X(2)	Captured		*Repeating-Field*		

April 2006 HFS Appendix 2 (25)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

B3 Billing Rebill

Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:		
Situ	ational	Segment I	D: 13			
AM Segment Identification	A/N	2 X(2)	Required	Mandatory		
VE Diagnosis Code Count	N	1 9(1)	Situational		Max Occ 2	
WE Diagnosis Code Qualifier	A/N	2 X(2)	Captured	*Repeating-Field*		If sumitted the valid value is '01'.
DO Diagnosis Code	A/N	15 X(15)	Captured	*Repeating-Field*		
XE Clinical Information Counter	N	1 9(1)	Situational	*Repeating-Field*	Max Occ 2	
ZE Measurement Date	N	8 9(8)	Captured	*Repeating-Field*		
H1 Measurement Time	N	4 9(4)	Captured	*Repeating-Field*		
H2 Measurement Dimension	A/N	2 X(2)	Captured	*Repeating-Field*		
H3 Measurement Unit	A/N	2 X(2)	Captured	*Repeating-Field*		
H4 Measurement Value	A/N	15 X(15)	Captured	*Repeating-Field*		
	AM Segment Identification VE Diagnosis Code Count WE Diagnosis Code Qualifier DO Diagnosis Code XE Clinical Information Counter ZE Measurement Date H1 Measurement Time H2 Measurement Dimension H3 Measurement Unit	IDField NameFormatSituationalAMSegment IdentificationA/NVEDiagnosis Code CountNWEDiagnosis Code QualifierA/NDODiagnosis CodeA/NXEClinical Information CounterNZEMeasurement DateNH1Measurement TimeNH2Measurement DimensionA/NH3Measurement UnitA/N	IDField NameFormatSizePicSituationalSegment IdentificationAMSegment IdentificationA/N2 X(2)VEDiagnosis Code CountN1 9(1)WEDiagnosis Code QualifierA/N2 X(2)DODiagnosis CodeA/N15 X(15)XEClinical Information CounterN1 9(1)ZEMeasurement DateN8 9(8)H1Measurement TimeN4 9(4)H2Measurement DimensionA/N2 X(2)H3Measurement UnitA/N2 X(2)	IDField NameFormatSizePicHFSAM Segment IdentificationA/N2 X(2)RequiredVEDiagnosis Code CountN1 9(1)SituationalWEDiagnosis Code QualifierA/N2 X(2)CapturedDODiagnosis CodeA/N15 X(15)CapturedXEClinical Information CounterN1 9(1)SituationalZEMeasurement DateN8 9(8)CapturedH1Measurement TimeN4 9(4)CapturedH2Measurement DimensionA/N2 X(2)CapturedH3Measurement UnitA/N2 X(2)Captured	Format Size Pic HFS NCPDP Status: Signation Segment ID Segment	Field Name Format Size Pic NFS NCPDP Status: Situational Segment ID: 13 AM Segment Identification A/N 2 X(2) Required Mandatory VE Diagnosis Code Count N 1 9(1) Situational *Repeating-Field* Max Occ 2 WE Diagnosis Code Qualifier A/N 15 X(15) Captured *Repeating-Field* Max Occ 2 XE Clinical Information Counter N 1 9(1) Situational *Repeating-Field* Max Occ 2 ZE Measurement Date N 8 9(8) Captured *Repeating-Field* Max Occ 2 H1 Measurement Time N 4 9(4) Captured *Repeating-Field* *Repeating-Field* H2 Measurement Dimension A/N 2 X(2) Captured *Repeating-Field* *Repeating-Field* H3 Measurement Unit A/N 2 X(2) Captured *Repeating-Field* *Repeating-Field*

April 2006 HFS Appendix 2 (26)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

E1 Eligibility Verification

Field Number	Field ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:
Transac	tion F	Header	Mandatory	Seg	ment I	D:	
101	A1	BIN Number	N	6	9(6)	Required	Mandatory
102	A2	Version/Release Number	A/N	2	X(2)	Required	Mandatory
103	A3	Transaction Code	A/N	2	X(2)	Required	Mandatory
104	A4	Processor Control Number	er A/N	10	X(10)	Required	Mandatory
109	A9	Transaction Count	A/N	1	X(1)	Required	Mandatory
202	B2	Service Provider ID Qual	ifier A/N	2	X(2)	Required	Mandatory
201	B1	Service Provider ID	A/N	15	X(15)	Required	Mandatory
401	D1	Date Of Service	N	8	9(8)	Required	Mandatory
110	AK	Software Vendor/Certific	ation A/N	10	X(10)	Optional	Mandatory

April 2006 HFS Appendix 2 (27)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

E1 Eligibility Verification

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Insurance	ce	Mandatory	Segment ID	: 04	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
302	C2 Cardholder ID	A/N	20 X(20)	Required	Mandatory
312	CC Cardholder First Name	A/N	12 X(12)	Situational	
313	CD Cardholder Last Name	A/N	15 X(15)	Situational	

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

E1 Eligibility Verification

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:	
Patient	Eligibility	Mandatory	Segment II	O: 01		
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory	
331	CX Patient ID Qualifier	A/N	2 X(2)	Required		Valid values are '99' for a transactions. For an E1 tr '01' is valid if using Social Number.
332	CY Patient ID	A/N	20 X(20)	Required		This field must match Ca on the Insurance Segmen
304	C4 Date Of Birth	N	8 9(8)	Required		

April 2006 HFS Appendix 2 (29)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N1 Information Reporting

Field Number	Field : ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:
Transa	ction H	[eader]	Mandatory	Seg	ment I	D:	
101	A1	BIN Number	N	6	9(6)	Required	Mandatory
102	A2	Version/Release Number	A/N	2	X(2)	Required	Mandatory
103	A3 '	Transaction Code	A/N	2	X(2)	Required	Mandatory
104	A4	Processor Control Number	A/N	10	X(10)	Required	Mandatory
109	A9 '	Transaction Count	A/N	1	X(1)	Required	Mandatory
202	B2	Service Provider ID Qualif	fier A/N	2	X(2)	Required	Mandatory
201	B1 3	Service Provider ID	A/N	15	X(15)	Required	Mandatory
401	D1	Date Of Service	N	8	9(8)	Required	Mandatory
110	AK S	Software Vendor/Certifica	tion A/N	10	X(10)	Optional	Mandatory

April 2006 HFS Appendix 2 (30)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N1 Information Reporting

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Insuran	ce	Mandatory	Segment II	D: 04	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
302	C2 Cardholder ID	A/N	20 X(20)	Required	Mandatory

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N1 Information Reporting

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:
Claim		Mandat	tory	Seg	ment I	D: 07	
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Required	Mandatory
402	D2	Prescription/ Service Reference Number	N	7	9(7)	Required	Mandatory
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Required	Mandatory
407	D7	Product/Service ID	A/N	19	X(19)	Required	Mandatory

April 2006 HFS Appendix 2 (32)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N1 Information Reporting

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:		
DUR/PF	PS	Situation	al	Seg	ment II	O: 08			
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory		
473	7E	DUR/PPS Code Counter	N	1	9(1)	Situational		*Repeating-Field*	MaxOcc 3
439	E4	Reason For Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
440	E5	Professional Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
441	E6	Result of Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
474	8E	DUR/PPS Level Of Effort	N	2	9(2)	Captured		*Repeating-Field*	
475	J9	DUR Co-Agent ID Qualifier	A/N	2	X(2)	Captured		*Repeating-Field*	
476	Н6	DUR Co-Agent ID	A/N	19	X(19)	Captured		*Repeating-Field*	

April 2006 HFS Appendix 2 (33)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N1 Information Reporting

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:	
Clinical		Situat	ional	Segr	nent I	D: 13		
111	AM	Segment Identification	A/N	2 2	X(2)	Required	Mandatory	
491	VE	Diagnosis Code Count	N	1 9	$\Theta(1)$	Situational	l Max Occ 2	
492	WE	Diagnosis Code Qualifier	A/N	2 2	X(2)	Captured	*Repeating-Field* If sumitted the valid value is '01	e is '01'.
424	DO	Diagnosis Code	A/N	15 2	X(15)	Captured	*Repeating-Field*	
493	XE	Clinical Information Counter	N	1 9	$\Theta(1)$	Situational	l *Repeating-Field* Max Occ 2	
494	ZE	Measurement Date	N	8 9	9(8)	Captured	*Repeating-Field*	
495	H1	Measurement Time	N	4 9	9(4)	Captured	*Repeating-Field*	
496	H2	Measurement Dimension	A/N	2 2	X(2)	Captured	*Repeating-Field*	
497	Н3	Measurement Unit	A/N	2 2	X(2)	Captured	*Repeating-Field*	
499	H4	Measurement Value	A/N	15 2	X(15)	Captured	*Repeating-Field*	

April 2006 HFS Appendix 2 (34)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N2 Information Reporting Reversal

Field Number	Field ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:
Transac	tion I	Header	Mandatory	Seg	ment I	D:	
101	A1	BIN Number	N	6	9(6)	Required	Mandatory
102	A2	Version/Release Number	A/N	2	X(2)	Required	Mandatory
103	A3	Transaction Code	A/N	2	X(2)	Required	Mandatory
104	A4	Processor Control Number	er A/N	10	X(10)	Required	Mandatory
109	A9	Transaction Count	A/N	1	X(1)	Required	Mandatory
202	B2	Service Provider ID Qual	ifier A/N	2	X(2)	Required	Mandatory
201	B1	Service Provider ID	A/N	15	X(15)	Required	Mandatory
401	D1	Date Of Service	N	8	9(8)	Required	Mandatory
110	AK	Software Vendor/Certific	ation A/N	10	X(10)	Optional	Mandatory

April 2006 HFS Appendix 2 (35)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N2 Information Reporting Reversal

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Insuran	ce	Mandatory	Segment II	D: 04	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
302	C2 Cardholder ID	A/N	20 X(20)	Required	Mandatory

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

5 byte GCN.

State Of Illinois

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N2 Information Reporting Reversal

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:	
Claim		Mand	atory	Segm	ent I	D: 07		
111	AM	Segment Identification	A/N	2 X	(2)	Required	Mandatory	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1 X	(1)	Required	Mandatory	
402	D2	Prescription/ Service Reference Number	N	7 9((7)	Required	Mandatory	
436	E1	Product/Service ID Qualifier	A/N	2 X	(2)	Required	Mandatory	
407	D7	Product/Service ID	A/N	19 X	(19)	Required	Mandatory	

April 2006 HFS Appendix 2 (37)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N2 Information Reporting Reversal

Field Number	Fiel ID	d Field Name	Format	Size Pic	HFS	NCPDP Status:		
DUR/PI	PS	Si	tuational	Segment I	D: 08			
111	AM	Segment Identification	A/N	2 X(2)	Required	Mandatory		
473	7E	DUR/PPS Code Counter	N	1 9(1)	Situational	*	*Repeating-Field*	MaxOcc 3
439	E4	Reason For Service Code	A/N	2 X(2)	Captured	*	*Repeating-Field*	
440	E5	Professional Service Code	A/N	2 X(2)	Captured	*	*Repeating-Field*	
441	E6	Result of Service Code	A/N	2 X(2)	Captured	*	*Repeating-Field*	
474	8E	DUR/PPS Level Of Effort	N	2 9(2)	Captured	*	*Repeating-Field*	
475	J9	DUR Co-Agent ID Qualifier	A/N	2 X(2)	Captured	*	*Repeating-Field*	
476	Н6	DUR Co-Agent ID	A/N	19 X(19)	Captured	*	*Repeating-Field*	

April 2006 HFS Appendix 2 (38)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N2 Information Reporting Reversal

	ield umber	Field ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:	
Cl	linical			Situational	Seg	ment Il	D: 13		
11	11	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory	
49	91	VE :	Diagnosis Code Count	N	1	9(1)	Situational	Max C	Occ 2
49	92	WE !	Diagnosis Code Qualifier	A/N	2	X(2)	Captured	*Repeating-Field*	If sumitted the valid value is '01'.
42	24	DO 3	Diagnosis Code	A/N	15	X(15)	Captured	*Repeating-Field*	
49	93	XE	Clinical Information Coun	iter N	1	9(1)	Situational	*Repeating-Field* Max C	Occ 2
49	94	ZE :	Measurement Date	N	8	9(8)	Captured	*Repeating-Field*	
49	95	H1 :	Measurement Time	N	4	9(4)	Captured	*Repeating-Field*	
49	96	H2	Measurement Dimension	A/N	2	X(2)	Captured	*Repeating-Field*	
49	97	Н3	Measurement Unit	A/N	2	X(2)	Captured	*Repeating-Field*	
49	99	H4	Measurement Value	A/N	15	X(15)	Captured	*Repeating-Field*	

April 2006 HFS Appendix 2 (39)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N3 Information Reporting Rebill

Field Number	Field ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:
Transac	ction F	leader	Mandatory	Seg	ment I	D:	
101	A1	BIN Number	N	6	9(6)	Required	Mandatory
102	A2	Version/Release Number	A/N	2	X(2)	Required	Mandatory
103	A3	Transaction Code	A/N	2	X(2)	Required	Mandatory
104	A4	Processor Control Number	r A/N	10	X(10)	Required	Mandatory
109	A9	Transaction Count	A/N	1	X(1)	Required	Mandatory
202	B2	Service Provider ID Quali	fier A/N	2	X(2)	Required	Mandatory
201	B1	Service Provider ID	A/N	15	X(15)	Required	Mandatory
401	D1	Date Of Service	N	8	9(8)	Required	Mandatory
110	AK	Software Vendor/Certifica	ation A/N	10	X(10)	Optional	Mandatory

April 2006 HFS Appendix 2 (40)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N3 Information Reporting Rebill

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Insuran	ce	Mandatory	Segment II	D: 04	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
302	C2 Cardholder ID	A/N	20 X(20)	Required	Mandatory

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

5 byte GCN.

State Of Illinois

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N3 Information Reporting Rebill

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:
Claim		Manda	atory	Seg	ment I	D: 07	
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Required	Mandatory
402	D2	Prescription/ Service Reference Number	N	7	9(7)	Required	Mandatory
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Required	Mandatory
407	D7	Product/Service ID	A/N	19	X(19)	Required	Mandatory

April 2006 HFS Appendix 2 (42)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N3 Information Reporting Rebill

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:		
DUR/PF	PS	Situation	al	Seg	ment II	O: 08			
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory		
473	7E	DUR/PPS Code Counter	N	1	9(1)	Situational		*Repeating-Field*	MaxOcc 3
439	E4	Reason For Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
440	E5	Professional Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
441	E6	Result of Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
474	8E	DUR/PPS Level Of Effort	N	2	9(2)	Captured		*Repeating-Field*	
475	J9	DUR Co-Agent ID Qualifier	A/N	2	X(2)	Captured		*Repeating-Field*	
476	Н6	DUR Co-Agent ID	A/N	19	X(19)	Captured		*Repeating-Field*	

April 2006 HFS Appendix 2 (43)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

N3 Information Reporting Rebill

Field Number	Field ID	l Field Name	Format	Size	Pic	HFS	NCPDP Status:			
Clinical		Situa	itional	Segi	ment I	D: 13				
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory			
491	VE	Diagnosis Code Count	N	1	9(1)	Situational		Max Occ 2		
492	WE	Diagnosis Code Qualifier	A/N	2	X(2)	Captured	*Repeating-Field*		If sumitted the valid value is '01'.	
424	DO	Diagnosis Code	A/N	15	X(15)	Captured	*Repeating-Field*			
493	XE	Clinical Information Counter	N	1	9(1)	Situational	*Repeating-Field*	Max Occ 2		
494	ZE	Measurement Date	N	8	9(8)	Captured	*Repeating-Field*			
495	H1	Measurement Time	N	4	9(4)	Captured	*Repeating-Field*			
496	H2	Measurement Dimension	A/N	2	X(2)	Captured	*Repeating-Field*			
497	НЗ	Measurement Unit	A/N	2	X(2)	Captured	*Repeating-Field*			
499	H4	Measurement Value	A/N	15	X(15)	Captured	*Repeating-Field*			

April 2006 HFS Appendix 2 (44)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

Field Number	Field ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:
Transac	tion I	Header	Mandatory	Seg	ment I	D:	
101	A1	BIN Number	N	6	9(6)	Required	Mandatory
102	A2	Version/Release Number	A/N	2	X(2)	Required	Mandatory
103	A3	Transaction Code	A/N	2	X(2)	Required	Mandatory
104	A4	Processor Control Number	r A/N	10	X(10)	Required	Mandatory
109	A9	Transaction Count	A/N	1	X(1)	Required	Mandatory
202	B2	Service Provider ID Quali	fier A/N	2	X(2)	Required	Mandatory
201	B1	Service Provider ID	A/N	15	X(15)	Required	Mandatory
401	D1	Date Of Service	N	8	9(8)	Required	Mandatory
110	AK	Software Vendor/Certifica	ation A/N	10	X(10)	Optional	Mandatory

April 2006 HFS Appendix 2 (45)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Insurance	ce Mand	latory	Segment I	D: 04	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
302	C2 Cardholder ID	A/N	20 X(20)	Required	Mandatory
312	CC Cardholder First Name	A/N	12 X(12)	Captured	
313	CD Cardholder Last Name	A/N	15 X(15)	Captured	
314	CE Home Plan	A/N	3 X(3)	Captured	
524	FO Plan ID	A/N	8 X(8)	Captured	
309	C9 Eligibility Clarification Code	N	1 9(1)	Captured	
336	8C Facility ID	A/N	10 X(10)	Captured	
301	C1 Group ID	A/N	15 X(15)	Captured	
303	C3 Person Code	A/N	3 X(3)	Captured	
306	C6 Patient Relationship Code	N	1 9(1)	Captured	

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

April 2006 HFS Appendix 2 (46)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

OP Status:
ndatory

April 2006 HFS Appendix 2 (47)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

Field Number	Field ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:
Claim		Mandator	ry	Segi	ment I	D: 07	
111	AM	Segment Identification	A/N	2 2	X(2)	Required	Mandatory
455	EM	Prescription/Service Reference Number Qualifier	A/N	1 3	X(1)	Required	Mandatory
402	D2	Prescription/ Service Reference Number	N	7 9	9(7)	Required	Mandatory
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Required	Mandatory
407	D7	Product/Service ID	A/N	19	X(19)	Required	Mandatory
456	EN	Associated Prescription/Service Reference	N	7 9	9(7)	Captured	
457	EP	Associated Prescription/Service Date	N	8 9	9(8)	Captured	
442	E7	Quantity Dispensed	N	10 9	9(7)v999	Required	
403	D3	Fill Number	N	2 !	9(2)	Required	
405	D5	Days Supply	N	3 9	9(3)	Required	
406	D6	Compound Code	N	1 9	9(1)	Required	
408	D8	Dispense As Written (DAW)/ Product Selection Code	A/N	1 3	X(1)	Required	
414 April 2006		Date Prescription Written	N	8 9	9(8)	Required	

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:
415	DF	Number of Refills Authorized	N	2	9(2)	Required	
419	DJ	Prescription Origin Code	N	1	9(1)	Required	
420	DK	Submission Clarification Code	N	2	9(2)	Situational	
460	ET	Quantity Prescribed	N	10	9(7)v999	Required	
308	C8	Other Coverage Code	N	2	9(2)	Situational	
429	DT	Unit Dose Indicator	N	1	9(1)	Situational	
453	EJ	Originally Prescribed Product/Service ID Qualifier	A/N	2	X(2)	Situational	
445	EA	Originally Prescribed Product/Service Code	A/N	19	X(19)	Situational	
446	EB	Originally Prescribed Quantity	N	10	9(7)v999	Situational	
418	DI	Level Of Service	N	2	9(2)	Situational	
463	EW	Intermediary Authorization Type ID	N	2	9(2)	Situational	
464	EX	Intermediary Authorization ID	A/N	11	X(11)	Situational	
343	HD	Dispensing Status	A/N	1	X(1)	Situational	
344	HF	Quantity Intended To Be Dispensed	N	10	9(7)V999	Situational	
345	HG	Days Supply Intended To Be Dispensed	N	3	9(3)	Situational	

Valid values are '00' thru '09' inclusive and '99'

For a compound submission the value must be 1.

Valid values '00' thru '08' inclusive.

Valid values are '1' or '2' or '3' or '4'.

Valid value '03'.

April 2006 HFS Appendix 2 (49)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

Field Number	Field ID	i Field Name	Format	Size	Pic	HFS	NCPDP Status:		
Pricing		Mandator	ry	Segn	ment II	D: 11			
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory		
409	D9	Ingredient Cost Submitted	D	8	s9(6)v99	Captured			
412	DC	Dispensing Fee Submitted	D	8	s9(6)v99	Captured			
477	BE	Professional Service Fee Submitted	D	8	s9(6)v99	Captured			
433	DX	Patient Paid Amount Submitted	D	8	s9(6)v99	Captured			
438	E3	Incentive Amount Submitted	D	8	s9(6)v99	Situational			
478	H7	Other Amount Claimed Submitted Count	N	1	9(1)	Situational		Max Occ 3	
479	Н8	Other Amount Claimed Submitted Qualifier	A/N	2	X(2)	Situational	*Repeating-Field*		
480	Н9	Other Amount Claimed Submitted	D	8	s9(6)v99	Situational	*Repeating-Field*		
426	DQ	Usual and Customary Charge	D	8	s9(6)v99	Required			Provider usual and customary fee for the item.
430	DU	Gross Amount Due	D	8	s9(6)v99	Captured			
423	DN	Basis Of Cost Determination	A/N	2	X(2)	Captured			

April 2006 HFS Appendix 2 (50)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

Field Number	Field ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:	
escribe	er Prie	or Approval	Mandatory	Seg	ment I	D: 03		
l	AM S	Segment Identification	A/N	2	X(2)	Required	Mandatory	
5	EZ I	Prescriber ID Qualifier	A/N	2	X(2)	Required		
	DB I	Prescriber ID	A/N	15	X(15)	Required		
	DR I	Prescriber Last Name	A/N	15	X(15)	Required		
;	PM I	Prescriber Phone Number	r N	10	9(10)	Required		
		Primary Care Provider ID Qualifier	A/N	2	X(2)	Situational		
	DL I	Primary Care Provider ID	A/N	15	X(15)	Situational		

April 2006 HFS Appendix 2 (51)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

Field Number	Field r ID Field Name	Format S	Size Pic I	HFS	NCPDP Status	:		
COB/O	Other Payments Situational	1 8	Segment ID:	05				
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory			
337	4C Coordination of Benefits/Other Payments Count	N	1 9(1)	Required	Mandatory		Max Occ 3	
338	5C Other Payer Coverage Type	A/N	2 X(2)	Required	Mandatory	*Repeating-Field*		Valid values '01' or '02' or '03'.
339	6C Other Payer ID Qualifier	A/N	2 X(2)	Situational		*Repeating-Field*		Valid value is '99'.
340	7C Other Payer ID	A/N	10 X(10)	Situational		*Repeating-Field*		
443	E8 Other Payer Date	N	8 9(8)	Situational		*Repeating-Field*		
341	HB Other Payer Amount Paid	N	1 9(1)	Situational		*Repeating-Field*	Max Occ 1 if payable	
342	HC Other Payer Amount Paid Qualifier	A/N	2 X(2)	Situational		*Repeating-Field-2		
431	DV Other Payer Amount Paid	D	8 s9(6)v99	Situational		*Repeating-Field-2		
471	5E Other Payer Reject Count	N	2 9(2)	Situational		*Repeating-Field*	Max Occ 1 if rejected	
472	6E Other Payer Reject Code	A/N	3 X(3)	Situational		*Repeating-Field-2		

April 2006 HFS Appendix 2 (52)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

Field Number	Field ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:		
DUR/PF	PS	Situationa	al	Segn	ment ID	: 08			
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory		
473	7E	DUR/PPS Code Counter	N	1	9(1)	Situational		*Repeating-Field*	MaxOcc 3
439	E4	Reason For Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
440	E5	Professional Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
441	E6	Result of Service Code	A/N	2	X(2)	Captured		*Repeating-Field*	
474	8E	DUR/PPS Level Of Effort	N	2	9(2)	Captured		*Repeating-Field*	
475	J 9	DUR Co-Agent ID Qualifier	A/N	2	X(2)	Captured		*Repeating-Field*	
476	Н6	DUR Co-Agent ID	A/N	19	X(19)	Captured		*Repeating-Field*	

April 2006 HFS Appendix 2 (53)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

Field Number	Field ID	l Field Name	Format	Size	Pic	HFS	NCPDP Status:	
Clinical		Sitt	uational	Seg	ment II	D: 13		
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory	
491	VE	Diagnosis Code Count	N	1	9(1)	Situational	1 Max Occ 2	
492	WE	Diagnosis Code Qualifier	A/N	2	X(2)	Captured	*Repeating-Field* If sumitted the valid value is '01'.	1'.
424	DO	Diagnosis Code	A/N	15	X(15)	Captured	*Repeating-Field*	
493	XE	Clinical Information Counter	N	1	9(1)	Situational	l *Repeating-Field* Max Occ 2	
494	ZE	Measurement Date	N	8	9(8)	Captured	*Repeating-Field*	
495	H1	Measurement Time	N	4	9(4)	Captured	*Repeating-Field*	
496	H2	Measurement Dimension	A/N	2	X(2)	Captured	*Repeating-Field*	
497	Н3	Measurement Unit	A/N	2	X(2)	Captured	*Repeating-Field*	
499	H4	Measurement Value	A/N	15	X(15)	Captured	*Repeating-Field*	

April 2006 HFS Appendix 2 (54)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

Field Number	Fiel ID	ld Field Name	Format	Size	Pic	HFS	NCPDP Status:
Prior A	ppro	val Request Manda	atory	Segi	ment II): 12	
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory
498	PA	Request Type	A/N	1 2	X(1)	Required	Mandatory
498	PB	Request Period Date-Begin	N	8 9	9(8)	Required	Mandatory
498	PC	Request Period Date-End	N	8 9	9(8)	Required	Mandatory
498	PD	Basis Of Request	A/N	2	X(2)	Required	Mandatory
498	PP	Prior Authorization Supporting Documentation	A/N		X(1)-X(5 00)	Required	
HFS	13	Refill too Soon Prior Approval Indicator	A/N	1 3	X(1)		
HFS	14	Regular Prior Approval	A/N	1 3	X(1)		
HFS	15	Brand Name Request Indicator	A/N	1 3	X(1)		
HFS	16	Quantity Limit Indicator	A/N	1 3	X(1)		
HFS	17	Minimum Quantity Requested	N	10 9	9(7)v999		
HFS	18	Maximum Quantity Requested	N	10	9(7)v999		
HFS	19	Age Limit Indicator	A/N	1 3	X(1)		
HFS	20	Sex Limit Indicator	A/N	1 3	X(1)		
HFS	21	Daily Dose Limit Ind	A/N	1 2	X(1)		
HFS	24	Medicare Part B Limit Indicator	A/N	1 3	X(1)		

April 2006 HFS Appendix 2 (55)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P1 Prior Approval Request and Billing

Field Number	Fiel ID	- 	Format	Size	Pic	HFS	NCPDP Status:
HFS	22	Diagnosis Description Area	A/N	64 2	X(64)		
HFS	23	Note Area	A/N	80 2	X(80)		

April 2006 HFS Appendix 2 (56)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P2 Prior Approval Reversal

Field Number	Field ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:
Transac	ction F	leader	Mandatory	Seg	ment I	D:	
101	A1	BIN Number	N	6	9(6)	Required	Mandatory
102	A2	Version/Release Number	A/N	2	X(2)	Required	Mandatory
103	A3	Transaction Code	A/N	2	X(2)	Required	Mandatory
104	A4	Processor Control Number	r A/N	10	X(10)	Required	Mandatory
109	A9	Transaction Count	A/N	1	X(1)	Required	Mandatory
202	B2	Service Provider ID Quali	fier A/N	2	X(2)	Required	Mandatory
201	B1	Service Provider ID	A/N	15	X(15)	Required	Mandatory
401	D1	Date Of Service	N	8	9(8)	Required	Mandatory
110	AK	Software Vendor/Certifica	ation A/N	10	X(10)	Optional	Mandatory

April 2006 HFS Appendix 2 (57)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P2 Prior Approval Reversal

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Insuran	ce	Mandatory	Segment II	D: 04	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
302	C2 Cardholder ID	A/N	20 X(20)	Required	Mandatory

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P2 Prior Approval Reversal

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:
Claim		Mandat	ory	Segi	ment I	D: 07	
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Required	Mandatory
402	D2	Prescription/ Service Reference Number	N	7	9(7)	Required	Mandatory
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Required	Mandatory
407	D7	Product/Service ID	A/N	19	X(19)	Required	Mandatory

April 2006 HFS Appendix 2 (59)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P2 Prior Approval Reversal

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Prior Ap	pproval Request Mand	atory	Segment II	D: 12	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
498	PA Request Type	A/N	1 X(1)	Required	Mandatory
498	PB Request Period Date-Begin	N	8 9(8)	Required	Mandatory
498	PC Request Period Date-End	N	8 9(8)	Required	Mandatory
498	PD Basis Of Request	A/N	2 X(2)	Required	Mandatory
503	F3 Authorization Number	A/N	20 X(20)	Required	

April 2006 HFS Appendix 2 (60)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P3 Prior Approval Inquiry

Field Number	Field ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:
Transac	tion I	Header	Mandatory	Seg	ment I	D:	
101	A1	BIN Number	N	6	9(6)	Required	Mandatory
102	A2	Version/Release Number	A/N	2	X(2)	Required	Mandatory
103	A3	Transaction Code	A/N	2	X(2)	Required	Mandatory
104	A4	Processor Control Number	r A/N	10	X(10)	Required	Mandatory
109	A9	Transaction Count	A/N	1	X(1)	Required	Mandatory
202	B2	Service Provider ID Quali	fier A/N	2	X(2)	Required	Mandatory
201	B1	Service Provider ID	A/N	15	X(15)	Required	Mandatory
401	D1	Date Of Service	N	8	9(8)	Required	Mandatory
110	AK	Software Vendor/Certifica	ation A/N	10	X(10)	Optional	Mandatory

April 2006 HFS Appendix 2 (61)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P3 Prior Approval Inquiry

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Insuran	ce	Mandatory	Segment II	D: 04	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
302	C2 Cardholder ID	A/N	20 X(20)	Required	Mandatory

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

5 byte GCN.

State Of Illinois

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P3 Prior Approval Inquiry

Field Number	Fiel ID	d Field Name	Format	Size	Pic	HFS	NCPDP Status:
Claim		Manda	atory	Seg	ment I	D: 07	
111	AM	Segment Identification	A/N	2	X(2)	Required	Mandatory
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	X(1)	Required	Mandatory
402	D2	Prescription/ Service Reference Number	N	7	9(7)	Required	Mandatory
436	E1	Product/Service ID Qualifier	A/N	2	X(2)	Required	Mandatory
407	D7	Product/Service ID	A/N	19	X(19)	Required	Mandatory

April 2006 HFS Appendix 2 (63)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P3 Prior Approval Inquiry

Field Number	Field ID	Field Name	Format	Size Pic	HFS	NCPDP Status:
Prior Ap	prova	al Request Ma	ndatory	Segment I	D: 12	
111	AM S	Segment Identification	A/N	2 X(2)	Required	Mandatory
498	PA I	Request Type	A/N	1 X(1)	Required	Mandatory
498	PB I	Request Period Date-Begin	N	8 9(8)	Required	Mandatory
498	PC I	Request Period Date-End	N	8 9(8)	Required	Mandatory
498	PD I	Basis Of Request	A/N	2 X(2)	Required	Mandatory
503	F3 A	Authorization Number	A/N	20 X(20)	Required	

April 2006 HFS Appendix 2 (64)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P4 Prior Approval Request Only

Field Number	Field ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:
Transac	tion I	Header	Mandatory	Seg	ment I	D:	
101	A1	BIN Number	N	6	9(6)	Required	Mandatory
102	A2	Version/Release Number	A/N	2	X(2)	Required	Mandatory
103	A3	Transaction Code	A/N	2	X(2)	Required	Mandatory
104	A4	Processor Control Number	r A/N	10	X(10)	Required	Mandatory
109	A9	Transaction Count	A/N	1	X(1)	Required	Mandatory
202	B2	Service Provider ID Quali	fier A/N	2	X(2)	Required	Mandatory
201	B1	Service Provider ID	A/N	15	X(15)	Required	Mandatory
401	D1	Date Of Service	N	8	9(8)	Required	Mandatory
110	AK	Software Vendor/Certifica	ation A/N	10	X(10)	Optional	Mandatory

April 2006 HFS Appendix 2 (65)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P4 Prior Approval Request Only

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Insuranc	ce	Mandatory	Segment ID): 04	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
302	C2 Cardholder ID	A/N	20 X(20)	Required	Mandatory
312	CC Cardholder First Name	A/N	12 X(12)	Situational	
313	CD Cardholder Last Name	A/N	15 X(15)	Situational	

9 byte numeric HFS recipient number for all transactions. For the E1,Eligibility Verification transaction, a 9 byte numeric Socical Security Number is allowed.

April 2006 HFS Appendix 2 (66)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P4 Prior Approval Request Only

Field Number	Field ID	Field Name		Format	Size	Pic	HFS		NCPDP Status:
Patient I	Prior A	approval	Mandator	y	Segn	nent I	D:	01	
111	AM S	egment Identification		A/N	2 2	K (2)	Req	uired	Mandatory
304	C4 D	Oate Of Birth		N	8 9	0(8)	Req	uired	

April 2006 HFS Appendix 2 (67)

Field

Field

State Of Illinois

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P4 Prior Approval Request Only

Number	ID	u Field Name	Format	Size	Pic	HFS	NCPDP Status:	
Claim P	rior	Approval Mandato	ry	Segr	ment II	D: 07		
111	AM	Segment Identification	A/N	2 2	X(2)	Required	Mandatory	
455	EM	Prescription/Service Reference Number Qualifier	A/N	1 2	X(1)	Required	Mandatory	
402	D2	Prescription/ Service Reference Number	N	7 9	9(7)	Required	Mandatory	
436	E1	Product/Service ID Qualifier	A/N	2 2	X(2)	Required	Mandatory	
407	D7	Product/Service ID	A/N	19 2	X(19)	Required	Mandatory	
442	E7	Quantity Dispensed	N	10 9	9(7)v999	Captured Captured		
405	D5	Days Supply	N	3 9	9(3)	Required		
406	D6	Compound Code	N	1 9	9(1)	Required		
419	DJ	Prescription Origin Code	N	1 9	9(1)	Required		
420	DK	Submission Clarification Code	N	2 9	9(2)	Captured		
460	ET	Quantity Prescribed	N	10 9	9(7)v999	9 Situational		
308	C8	Other Coverage Code	N	2 9	9(2)	Captured		
446	EB	Originally Prescribed Quantity	N	10 9	9(7)v999	O Captured		
418 April 2006	DI S	Level Of Service	N	2 9	9(2)	Captured		

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P4 Prior Approval Request Only

Field Number	Field r ID Field Name	Format	Size Pic	HFS	NCPDP Status:
Prescri	iber Prior Approval	Mandatory	Segment 1	ID: 03	
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory
466	EZ Prescriber ID Qualifier	A/N	2 X(2)	Required	
411	DB Prescriber ID	A/N	15 X(15)	Required	
427	DR Prescriber Last Name	A/N	15 X(15)	Required	
498	PM Prescriber Phone Numb	er N	10 9(10)	Required	
468	2E Primary Care Provider l Qualifier	D A/N	2 X(2)	Captured	
421	DL Primary Care Provider l	D A/N	15 X(15)	Captured	

April 2006 HFS Appendix 2 (69)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P4 Prior Approval Request Only

Field Number	Field ID Field Name	Format	Size Pic	HFS	NCPDP Status:	
Clinica	l Prior Approval	Situational	Segment I	D: 13		
111	AM Segment Identification	A/N	2 X(2)	Required	Mandatory	
491	VE Diagnosis Code Count	N	1 9(1)	Required	Max	COcc 2
492	WE Diagnosis Code Qualifie	r A/N	2 X(2)	Required	*Repeating-Field*	If sumitted the valid value is '01'.
424	DO Diagnosis Code	A/N	15 X(15)	Required	*Repeating-Field*	

April 2006 HFS Appendix 2 (70)

Field

Field

State Of Illinois

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P4 Prior Approval Request Only

Number	ID	Field Name	Format	Size	Pic	HFS	NCPDP Status:
Prior A	ppro	val Request Mandato	ory	Segr	ment II): 12	
111	AM	Segment Identification	A/N	2 2	X(2)	Required	Mandatory
498	PA	Request Type	A/N	1 2	X(1)	Required	Mandatory
498	PB	Request Period Date-Begin	N	8 9	9(8)	Required	Mandatory
498	PC	Request Period Date-End	N	8 9	9(8)	Required	Mandatory
498	PD	Basis Of Request	A/N	2 2	X(2)	Required	Mandatory
498	PP	Prior Authorization Supporting Documentation	A/N		X(1)-X(5 00)	6 Required	
HFS	13	Refill too Soon Prior Approval Indicator	A/N	1 2	X(1)		
HFS	14	Regular Prior Approval	A/N	1 2	X(1)		
HFS	15	Brand Name Request Indicator	A/N	1 2	X(1)		
HFS	16	Quantity Limit Indicator	A/N	1 2	X(1)		
HFS	17	Minimum Quantity Requested	N	10 9	9(7)v999		
HFS	18	Maximum Quantity Requested	N	10 9	9(7)v999	1	
HFS	19	Age Limit Indicator	A/N	1 2	X(1)		
HFS	20	Sex Limit Indicator	A/N	1 2	X(1)		
HFS	21	Daily Dose Limit Ind	A/N	1 2	X(1)		
HFS	24	Medicare Part B Limit Indicator	A/N	1 2	X(1)		

April 2006 HFS Appendix 2 (71)

Illinois Department of Healthcare and Family Services Provider Payor Sheets For NCPDP Version 5.1 ECP Input Transactions

P4 Prior Approval Request Only

Field Number	Field ID Field Name	Format Size Pic HI	FS NCPDP Status:
HFS	22 Diagnosis Description Area	A/N 64 X(64)	
HFS	23 Note Area	A/N 80 X(80)	

April 2006 HFS Appendix 2 (72)